

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	90243
		First Named Inventor	Adam Alfred Musial Long
<b>COMPLETE IF KNOWN</b>			
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<input type="checkbox"/> Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required)	Application Number	To Be Assigned
	OR	Filing Date	Of Even Date
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention(s) entitled:

**QUALITATIVE DATA ANALYSIS SYSTEM AND METHOD**

(Title of the Invention)

the specification of which:

is attached hereto  
OR

was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application Number or PCT International Application Number and  
was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 386(d) of any foreign application(s) for patent or inventor's certificate, or 386(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES      NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet TPC/SB/02B attached hereto.

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 368(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/AU2004/001451	10/23/2004	

Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number 09355  
 Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number or Bar Code Label <u>09355</u>	<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below
-------------------------------	---	--

Name	Jacqueline E. Hartt				
Address	Allen, Dyer, Doppelt, Milbrath & Gilchrist, P.A.				
Address	255 South Orange Avenue, Suite 1401 P.O. Box 3791				
City/State/Zip	Orlando, Florida 32802-3791				

Country	US	Telephone	(407) 841-2330	Fax	(407) 841-2343
---------	----	-----------	----------------	-----	----------------

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1501 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

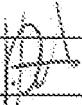
Name of Sole or First Inventor  A petition has been filed for this unsigned inventor.

Given Name first and middle — (if any) Adam Alfred Mussel-Long Family Name or Surname:

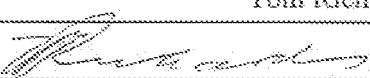
Investor's Signature				Date	<u>31/5/06</u>
Residence	Rowville, Victoria	Country	Australia	Citizenship	Australian
Post Office Address	8 Affleck Way				
City/State/Zip	Rowville, Victoria 3178			Country	Australia

Additional inventors are being named on the \_\_\_\_\_ supplemental address/inventor(s) sheets; PTO/SB/02A attached hereto.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle — if any)		Family Name or Surname			
Jackie Duke					
Inventor's Signature				Date	16/6/06
Residence	Brighton, Victoria	Country	Australia	Citizenship	Australian
Post Office Address	25 Martin Street				
City/State/Zip	Brighton, Victoria 3164			Country	Australia

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle — if any)		Family Name or Surname			
Linda Godfrey					
Inventor's Signature				Date	
Residence	Glen Waverley, Victoria	Country	Australia	Citizenship	Australian
Post Office Address	5 Shirley Way				
City/State/Zip	Glen Waverley, Victoria 3150			Country	Australia

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.			
Given Name (first and middle — if any)		Family Name or Surname			
Tom Richards					
Inventor's Signature				Date	16/6/06
Residence	Eltham, Victoria	Country	Australia	Citizenship	Australian
Post Office Address	8 Diusma Road				
City/State/Zip	Eltham, Victoria 3095			Country	Australia

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments or the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20531. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned Inventor.			
Given Name (first and middle — if any)		Family Name or Surname			
Kerry Leigh Hicks					
Inventor's Signature				Date	
Residence	North Carlton, Victoria	Country	Australia	Citizenship	Australian
Post Office Address	23/999 Rathdowne Street				
City/State/Zip	North Carlton, Victoria 3054	Country	Australia		